



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**RBEA62310**  
**Job Sheet 188420**



Part No: RBEA62310

Job Qty: 3 pcs

Part Name: AS350/355 Engine Strut



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/9/19

Job Tracking No:

Due Date: 1/31/19

Created By: Marie Lajeunesse

Type: ~~SOLD~~ *sh*

Description:

Note: DWG RBEA62310 Rev 1A IPP Rev A 18.01.16 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation                   | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off   |
|-------|-----------------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|------------|
|       |                             |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |            |
| 110   | Small Fab - 1               | 3 pcs | 1/31/19    | 1/31/19  | 0.00      | 3.00    | Small Fab - 1         |           | <i>MCL</i> |
|       |                             |       |            |          |           |         | Small Fab - 2         |           |            |
|       |                             |       |            |          |           |         | Small Fab - 3         |           |            |
|       |                             |       |            |          |           |         | Small Fab - 4         |           |            |
|       |                             |       |            |          |           |         | Small Fab - 5         |           |            |
|       |                             |       |            |          |           |         | Small Fab - 6         |           |            |
|       |                             |       |            |          |           |         | Small Fab - 7         |           |            |
| 120   | QC 5                        | 3 pcs | 1/31/19    | 1/31/19  | 0.00      | 0.00    | QC 5 - 10             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 12             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 17             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 18             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 19             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 22             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 24             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 3              |           |            |
|       |                             |       |            |          |           |         | QC 5 - 38             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 42             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 43             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 49             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 51             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 58             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 68             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 9              |           |            |
|       |                             |       |            |          |           |         | QC 5 - 50             |           |            |
|       |                             |       |            |          |           |         | QC 5 - 30             |           |            |
| 130   | Packaging 3-1 - Stock - B4B | 3 pcs | 1/31/19    | 1/31/19  | 0.00      | 0.00    | Packaging 3 - 1 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 2 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 3 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 4 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 5 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 6 - B4B |           |            |
|       |                             |       |            |          |           |         | Packaging 3 - 7 - B4B |           |            |



Container No: S158853



Part: RBEA62310

Job No: 188420

Serial No/Batch: S158853

Revision: 1A

Inspector:

Exp Date:

Instructions:

Dart Aerospace Ltd.  
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CANADA  
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Email: sales@dartaero.com  
www.dartaerospace.com

Date: 03/04/19

**DAS**  
**40**  
**9-89**



AK 07 2019

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                   |                                   |                                       |                                              |                                   | Skid-tube <input type="checkbox"/>    | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/>     | Machining <input type="checkbox"/>          | Small Fab <input type="checkbox"/>        | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>           | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>        | Composite <input type="checkbox"/>             | Supplier <input type="checkbox"/>      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                       | Engineering <input type="checkbox"/>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Small Fab <input type="checkbox"/>                         | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> No Re-verification</td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Operator</td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Offset/Setup</td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Supplier</td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Training</td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Use for Testing</td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Poor Information</td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Rushing</td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Product Improvement</td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Process Improvement</td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Manufacturing Process</td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/> Past Due</td></tr> </table> |                                                            | Environment <input type="checkbox"/>                                                                                                                                               | <input type="checkbox"/> No Re-verification   | Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Operator | Doc/Data <input type="checkbox"/> | <input type="checkbox"/> Offset/Setup | Equip/Tooling <input type="checkbox"/>       | <input type="checkbox"/> Supplier | Handling/Pre <input type="checkbox"/> | <input type="checkbox"/> Training   | Material <input type="checkbox"/>  | <input type="checkbox"/> Use for Testing | Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information | Tribal Knowledge <input type="checkbox"/>  | <input type="checkbox"/> Rushing | LOA <input type="checkbox"/>           | <input type="checkbox"/> Product Improvement | Substation <input type="checkbox"/>          | <input type="checkbox"/> Process Improvement | Past Expiry Date <input type="checkbox"/> | <input type="checkbox"/> Manufacturing Process | Misidentified <input type="checkbox"/> | <input type="checkbox"/> Past Due | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;"><input type="checkbox"/> Pressure/Forced</td><td style="border: none;"><input type="checkbox"/> Temperature/Cure</td><td style="border: none;"><input type="checkbox"/> Power Loss/Surge</td><td style="border: none;"><input type="checkbox"/> Positioned Wrong</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Bending</td><td style="border: none;"><input type="checkbox"/> Set-up</td><td style="border: none;"><input type="checkbox"/> Folio/Program</td><td style="border: none;"><input type="checkbox"/> Outside Dimensions</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Centre Not Concentric</td><td style="border: none;"><input type="checkbox"/> BOM/Route</td><td style="border: none;"><input type="checkbox"/> Grain</td><td style="border: none;"><input type="checkbox"/> Over/Under tolerance</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Cracks</td><td style="border: none;"><input type="checkbox"/> Broken/Damage/Defect</td><td style="border: none;"><input type="checkbox"/> Weld</td><td style="border: none;"><input type="checkbox"/> Part Incorrect</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td><td style="border: none;"><input type="checkbox"/> Inspection Incomplete/Unqualified</td><td style="border: none;"><input type="checkbox"/> Wrong Stock Pulled</td><td style="border: none;"><input type="checkbox"/> Part Lost/Missing</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Cuffs</td><td style="border: none;"><input type="checkbox"/> Contamination</td><td style="border: none;"><input type="checkbox"/> Out of Sequence</td><td style="border: none;"><input type="checkbox"/> Part Moved</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Crushing</td><td style="border: none;"><input type="checkbox"/> Countersink</td><td style="border: none;"><input type="checkbox"/> Off-set</td><td style="border: none;"><input type="checkbox"/> Drawing</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Heat Treat</td><td style="border: none;"><input type="checkbox"/> Cut Too Short</td><td style="border: none;"><input type="checkbox"/> Mislabeled</td><td style="border: none;"><input type="checkbox"/> Finish</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Wave/Twist in Tube</td><td style="border: none;"><input type="checkbox"/> Instructions Incomplete/Unclear</td><td style="border: none;"><input type="checkbox"/> Fit/Function</td><td style="border: none;"><input type="checkbox"/> Misread</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Marks/Chatter</td><td style="border: none;"><input type="checkbox"/> Drill Holes</td><td style="border: none;"><input type="checkbox"/> Misaligned/off center</td><td style="border: none;"><input type="checkbox"/> Turning Sequence</td></tr> </table> |  |  |  |  |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Set-up | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence |
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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                          | <input type="checkbox"/> Positioned Wrong     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                             | <input type="checkbox"/> Outside Dimensions   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                       | <input type="checkbox"/> Over/Under tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                      | <input type="checkbox"/> Part Incorrect       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                        | <input type="checkbox"/> Part Lost/Missing    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                           | <input type="checkbox"/> Part Moved           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                       | <input type="checkbox"/> Drawing              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                | <input type="checkbox"/> Finish               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
| <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                              | <input type="checkbox"/> Misread              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                     | <input type="checkbox"/> Turning Sequence     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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      |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |



|     |            |       |         |                        |                 |
|-----|------------|-------|---------|------------------------|-----------------|
|     |            |       |         | Packaging 3 - 8 - B4B  |                 |
|     |            |       |         | Packaging 3 - 9 - B4B  |                 |
|     |            |       |         | Packaging 3 - 10 - B4B |                 |
|     |            |       |         | Packaging 3 - 11 - B4B |                 |
|     |            |       |         | Packaging 3 - 12 - B4B |                 |
|     |            |       |         | Packaging 3 - 13 - B4B |                 |
|     |            |       |         | Packaging 3 - 14 - B4B |                 |
|     |            |       |         | Packaging 3 - 15 - B4B |                 |
|     |            |       |         | Packaging 3 - 16 - B4B |                 |
|     |            |       |         | Packaging 3 - 17 - B4B |                 |
|     |            |       |         | Packaging 3 - 18 - B4B |                 |
|     |            |       |         | Packaging 3 - 19 - B4B |                 |
|     |            |       |         | Packaging 3 - 20 - B4B |                 |
|     |            |       |         | Packaging 3 - 21 - B4B |                 |
|     |            |       |         | Packaging 3 - 22 - B4B |                 |
|     |            |       |         | Packaging 3 - 23 - B4B |                 |
|     |            |       |         | Packaging 3 - 24 - B4B |                 |
|     |            |       |         | Packaging 3 - 25 - B4B |                 |
|     |            |       |         | Packaging 3 - 26 - B4B |                 |
|     |            |       |         | Packaging 3 - 27 - B4B |                 |
|     |            |       |         | Packaging 3 - 28 - B4B |                 |
|     |            |       |         | Packaging 3 - 29 - B4B |                 |
|     |            |       |         | Packaging 3 - 30 - B4B |                 |
|     |            |       |         | Packaging 3 - 31 - B4B |                 |
|     |            |       |         | Packaging 3 - 32 - B4B |                 |
|     |            |       |         | Packaging 3 - 33 - B4B |                 |
|     |            |       |         | Packaging 3 - 34 - B4B |                 |
|     |            |       |         | Packaging 3 - 35 - B4B |                 |
|     |            |       |         | Packaging 3 - 36 - B4B |                 |
| 140 | QC 21 - SA | 3 pcs | 1/31/19 | 0.00 0.00              | QC 21 - SA - 21 |
|     |            |       |         |                        | QC 21 - SA - 70 |

21 MAR 07 2019

Part Op 110 - 1-Cut -07 and -015 to fit as per note 1 2-Stick -07 to -01 3-Stick -015 to -09 4-Discard -17 turnbuckle hooks  
 Descriptions: 5-Assemble as per DWG. Sheet 1

120 - (QC5- Inspect part completeness to step on W/O)

130 - (Identify as per dwg & Stock Location:\_\_\_\_\_)

140 - (QC21- Final Inspection - Work Order Release)

#### Job BOM

| Part / Item  | Component Name                        | Quantity           | Operation         | Container          |
|--------------|---------------------------------------|--------------------|-------------------|--------------------|
| 30125T403    | Turn Buckle Body                      | 3 pcs (1 ea)       | 110-Small Fab - 1 | 5150659            |
| 8997K11      | Cushion w/Adhesive Back 60A durometer | .1650 sf (.055 ea) | 110-Small Fab - 1 | 5056844            |
| RBEA62310-01 | Top Weldment                          | 3 pcs (1 ea)       | 110-Small Fab - 1 | 5149117            |
| RBEA62310-09 | Bottom Weldment                       | 3 pcs (1 ea)       | 110-Small Fab - 1 | 2x5116498 x5116497 |

#### Job Allocations

| Operation         | Component Part | Required | Inventory | Allocated |
|-------------------|----------------|----------|-----------|-----------|
| 110-Small Fab - 1 | 30125T403      | 3        | 5         | 0         |
|                   | 8997K11        | 0        | 1         | 0         |
|                   | RBEA62310-01   | 3        | 0         | 0         |
|                   | RBEA62310-09   | 3        | 4         | 0         |

#### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

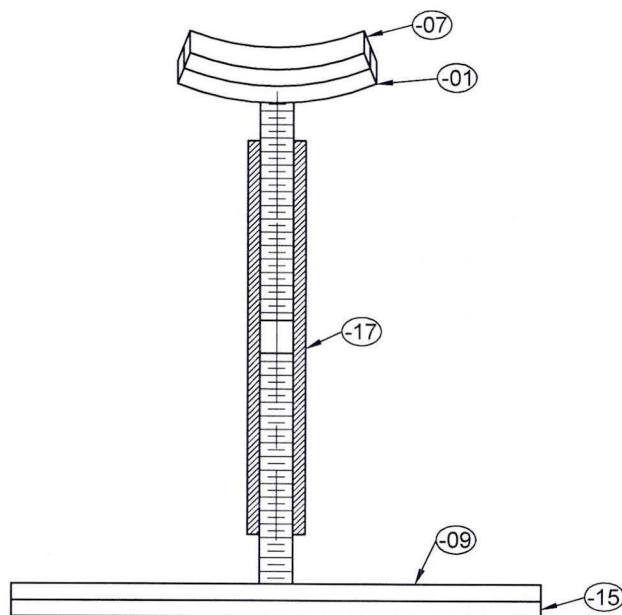
Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |



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| REVISIONS |                                                                     |          |         |          |
|-----------|---------------------------------------------------------------------|----------|---------|----------|
| REV       | DESCRIPTION                                                         | DATE     | INITIAL | APPROVED |
| 1         | DELETED -05 10° ANGLE PER S.E. CH'D -03 BOM INFO FROM 1018 PER R.W. | 5/21/12  | RJC     | SE       |
| 1A        | CH'D TOOL NAME WAS ENGINE SUPPORT STRUT IS AS350/355 ENGINE STRUT.  | 11/15/16 | RJC     | RW       |



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WORK ORDER

NO. 188420 M.C.S  
19-01-10

#### NOTES

1. CUT -07 & -15 CUSHIONS TO FIT.
2. DISCARD -17 TURNBUCKLE HOOKS.

| ASSY QTY | ASSY QTY | B/O | PART # | UNIT QTY | DESCRIPTION                | MATERIAL     | B/O INFORMATION OR SPECIFICATIONS                  | Pg. |
|----------|----------|-----|--------|----------|----------------------------|--------------|----------------------------------------------------|-----|
|          |          |     | -01    | 1        | TOP WELDMENT               |              |                                                    | 2   |
|          | 1        |     | -03    |          | TOP PLATE                  | DOM TUBE     | 4 X .120 WALL X 1                                  | 3   |
|          | 1        |     | -05    |          | R/H ALL THREAD             | PLAIN STEEL  | 1/4-20 UNC x 1-13/16 MCMaster-CARR #98750A017      | 4   |
|          | 1        |     | -07    |          | CUSHION WITH ADHESIVE BACK | BLACK RUBBER | 1/8 x 1 x 1-7/16 REF. (MCMaster-CARR #8997K112)    | 1   |
|          |          |     | -09    | 1        | BOTTOM WELDMENT            |              |                                                    | 5   |
| 1        |          |     | -11    |          | BOTTOM PLATE               | 1018         | 1/8 x 1-3/4 x 4                                    | 6   |
| 1        |          |     | -13    |          | L/H ALL THREAD             | PLAIN STEEL  | 1/4-20 UNC x 1-3/4 REF. (MCMaster-CARR #95625A003) | 7   |
| 1        |          |     | -15    |          | CUSHION WITH ADHESIVE BACK | BLACK RUBBER | 1/8 x 1-3/4 x 4 REF. SEE -07                       | 1   |
|          |          | B/O | -17    | 1        | TURN BUCKLE BODY           | ALUMINUM     | 1/4-20 UNC x 3 MCMaster-CARR#30125T403             | 1   |

RED BARN MACHINE

TITLE  
AS350/355 ENGINE STRUT

DWG NO. RBEA62310 REV 1A

|                                                                                                                             |  |                                            |
|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES                                                                      |  | DRAWN BY: PERRITT                          |
| TOLERANCES ON:<br>DECIMALS .XXX ± .005<br>FRACTIONS ± 1/32<br>ANGLES ± 5°                                                   |  | APPROVED <i>D Weil</i>                     |
| UNLESS OTHERWISE SPECIFIED<br>1. BREAK ALL SHARP EDGES<br>.015 x 45° PR .015 R<br>2. DIMENSIONAL LIMITS APPLY AFTER PLATING |  | HEAT TREAT<br>FINISH SEE WELDMENTS<br>SPEC |
| SCALE NTS                                                                                                                   |  | USED ON MODEL                              |
| DATE 3-10-10                                                                                                                |  | EUROCOPTER AS350 & AS355                   |
| SHEET 1 of 7                                                                                                                |  |                                            |